

<b>Case Number:</b>	CM13-0057675		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old male worker who was injured while pulling a bag weighing approximately 60 pounds. He injured his back and bilateral hips. The date of injury was January 11, 2013. Diagnoses include displacement of lumbar intervertebral disc without myelopathy at L1-2 and L2-3, thoracic or lumbosacral neuritis or radiculitis unspecified of left lower extremities, lumbar facet joint syndrome and insomnia unspecified. On August 21, 2013, he reported difficulty maintaining a nightly sleeping pattern, including frequent waking cycles and inability to fall asleep due to pain. On October 21, 2013, the injured worker complained of constant, severe low back pain with stiffness and weakness. The pain was described as dull, achy and sharp and was aggravated by lifting 10 pounds, sitting, standing, walking, driving, bending, twisting and squatting. He complained of loss of sleep due to pain. Physical examination revealed a slow and guarded gait. There was a +3 tenderness to palpation and spasm of the lumbar paravertebral muscles. The range of motion was decrease and painful with extension 15/25, flexion 40/60, left lateral bending 20/25 and right lateral bending 20/25. Straight leg raise caused pain bilaterally. Kemp's was positive. Notes stated that a sleep study was performed. The sleep study report recommended continuous positive airway pressure (CPAP) titration. The information regarding the sleep study was limited and the date performed was not found in the medical records. Treatment modalities included medications, chiropractic sessions, acupuncture, physical therapy, epidural steroid injections, home exercises, CPAP, physiotherapy and TENS unit. A request was made for CPAP titration. On October 30, 2013, utilization review denied the request.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**CPAP TITRATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/16682570>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Sleep-Disordered Breathing and CPAP Overview of Sleep-Disordered Breathing

**Decision rationale:** The MTUS does not address sleep apnea or CPAP use. Risk factors for sleep apnea include obesity, increased neck circumference, craniofacial abnormalities, hypothyroidism, and acromegaly. In the case of this worker, there was no obvious connection with his sleep apnea and his injury from 1/11/13. No logical explanation was found in the notes available for review as to why any CPAP-related request was medically necessary for his injury-related condition (low back pain). Although titration may be necessary, depending on the assessment of the worker's physician, the medical necessity of it related to his injury cannot be evidenced.